



CITY OF FALLS CHURCH

Alice Casayuran
Treasurer

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Animal Control Officer: 703-248-5172

CITY OF FALLS CHURCH DOG LICENSE APPLICATION

*Date: _____

*Owner's Name: _____

Co-Owner's Name: _____

*Street Address: _____, Falls Church, VA *Zip _____

*Home Phone: (_____) _____ E-mail Address: _____

Alternate Phone: (_____) _____ Alternate Phone: (_____) _____

Dog's Name: _____ Breed: _____ *Sex (Circle): Male Female

Color: _____ *Neutered or Spayed (Circle): Yes No

Animal Hospital/Clinic or Veterinarian: _____

Phone Number of Animal Hospital/Clinic or Veterinarian: (_____) _____

*Rabies Vaccination Expires: _____ *Rabies Tag No.: _____

***Items with an asterisk are required.** Other information can help us locate you quickly if your pet is found ill or injured.

Note: Virginia state law requires us to verify rabies vaccinations.

Please bring the rabies vaccination certificate to our office, or mail it with this application.

If you apply by mail, we will return your vaccination certificate with your dog tag.

Fee: Neutered or spayed, \$5; otherwise \$10; make check payable to Falls Church Treasurer.

Please bring or mail application to:

Treasurer

300 Park Ave.

Falls Church, VA 22046-3351